

ILHIE Advisory Committee

December 10, 2013 1:00 PM



ILHIE Advisory Committee



- Welcome
- Roll Call
- Approval of September Minutes



New Member Introductions



- Jerry Beguelin
- Carla Evans*
- Calvin Flowers
- Mary Kay Furiasse
- Patrick Gallagher*
- Kathye Gorosh
- Gregory Ignatius
- Daniel Johnson
- Thomas Lauzon
- Jennifer Meinkoth

- David Porter
- Leonard Priestley
- Maggie Ratliff
- Mayank Shah
- Eric Swirsky
- Robert Urso
- Kauser Karwa
- Julieann Russo
- Tanya Tanzillo

*Indicates re-appointees

Resolution Number 2013-14 -Appendix A

Committee Member Transition



- Co-Chair Update
- Ethics Training





ILHIE Executive Director Update

Raul Recarey



ILHIE Executive Update



New ILHIEA Team Members

- ✓ Tom Nowak CFO and ILHIE Treasurer
- ✓ Steve Linthicum Technical Engagement Manager Public Health
- ✓ Krysta Heaney Policy, Privacy & Compliance Manager





HIE Trends and Drivers



National View of HIE



By Julia Adler-Milstein, David W. Bates, and Ashish K. Jha

Operational Health Information Exchanges Show Substantial Growth, But Long-Term Funding Remains A Concern

DOI: 10.1377/hithar/2013 HEALTH AFFA RS 32, HG. 8 (2005) -6.2013 Project HOPE— The People to People H seith Foundation, Inc.

ABSTRACT Policy makers are actively promoting the electronic exchange of health information to improve the quality and efficiency of health care. We conducted a national survey of organizations facilitating health information exchange, to assess national progress. We found that 30 percent of hospitals and 10 percent of ambulatory practices now participate in one of the II9 operational health information exchange efforts across the United States, substantial growth from prior surveys. However, we also found that 74 percent of health information exchange efforts report struggling to develop a sustainable business model. Our findings suggest that despite progress, there is a substantial risk that many current efforts to promote health information exchange will fail when public funds supporting these initiatives are depleted.

umichedul is an assistant professor in the School of Information and School of Public Health, University of

David W. Bates is chief of the Medicine and Primary Care, Brigham and Women's Hospital, in Boston, Manachusetts.

Adulth K. Bis is a professor of health policy and management at the Harvard School of Public Health, in

core aim of the Health Information information exchange is also fueled by a consenformation exchange, in which clinical data follow patients across delivery settings. 12 Health that are unnecessarily duplicative and that iminformation exchange is a priority in HITECH pede the ability to coordinate care across because there is a strong consensus among policy makers that it can generate considerable gains in quality and efficiency, but it requires health information exchange through two main substantial policy intervention to become

widespread. formation exchange efforts prior to HITECH, clans and hospitals must meet to receive finanmany of which received early support from the cial incentives." Second, they provided nearly Agency for Healthcare Research and Quality.34 Outside of these markets, however, providers ture capable of supporting health information typicallys hared clinical datausing manual methods such as letters and faxes, which are costly, often unavailable at the point of care, and not analyzable by computers. Achieving widespread electronic exchange of health information should lead to better care with potentially sub-

The push to achieve broad-based health regional entities that support exchanging the

Technology for Economic and susthat exchanging such information is a critical Clinical Health (HITECH) Act of component of any approach to improve the US 2009 is to foster the development health care delivery system. Without health inof broad-based electronic health in- formation exchange, the US health care system will continue to contain islands of clinical data settings.7

In HITECH, federal policy makers promoted mechanisms. First, they included it in the meaningful-use criteria-the fed eral standards for use In selected US markets there were health in- of electronic health records (EHRs) that physi-\$600 million directly to states to build infrastrucexchange.1 The goal of the State Health Information Exchange Cooperative Program is to give providers options for participating in health information exchange." Some states have responded by creating their own entities to facili other states are bolstering existing local and

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Key Findings

- HIE Utilization Trending Upwards: In 2012, 119 HIE efforts were actively exchanging clinical data—a 61% increase from the 75 operational efforts reporting data exchange in 2010.
- Overall Penetration Is Low: Hospitals and ambulatory practices were the most common participants in data exchanges. In 2012, 1,398 hospitals (30 %) and 23,341 ambulatory practices (10 %) were participating in the 119 operational health information exchange efforts.

Payers participated and paid to participate in fewer than half of the operational efforts.

Participation among independent pharmacies was even more limited

 Long term sustainability still a concern: Only 24% of the operational HIEs reported that operating costs were being covered by revenue from participants.

Source: Julia Adler-Milstein, David W. Bates and Ashish K. Jha. Operational Health Information Exchanges Show Substantial Growth, But Long-Term Funding Remains a Concern. Health Affairs, , no. (2013):. http://content.healthaffairs.org/content/early/2013/06/27/hlthaff.2013.0124.full.html

Direct Secure Messaging Nationwide



- *Direct continues to grow across the country:
 - As of the end of September 2013, there are approximately
 45,000 active Direct addresses from DirectTrust accredited
 HISPs nationwide
 - From July September 2013, there were approximately 2
 million Direct transactions nationwide

*information provided by DirectTrust.org

Direct Enabled Organizations in Illinois



ILHIE Direct

7 Hills Healthcare Center The Abington of Glenview

Ada S. McKinley Community Services, Inc.

AIDS Foundation of Chicago Alden Management Services

Alexian Brothers Behavioral Health Hospital

Alexian Brothers Bonaventure House

Alexian Brothers Medical Center

Alliance of Chicago

AltCare Health Center, LTD

Alternatives Inc. Alvaro Pena MD

Asbury Court, LLC

Asian Human Services Family Health Center

Association House of Chicago

Association for Individual Development

Aunt Marthas Youth Service Center Inc.

Aurora Eye Clinic Ltd

Baluchi Medical Group Bella Goland MD SC

Ben Gordon Center

Best Dental Group, Inc.

Brandel Health and Rehab

Bridgeway Inc

Cardio Medicine

Care First Medical Center

Caritas

Centegra Hospital McHenry Centegra Hospital Woodstock

Central Counties Health Center Centro de Salud Y Esperanza

Chestnut Health Systems Inc.

Chicago Commons Associates

Chicago Health Information Technology REC

Chicago House and Social Service Agency

Children's Home Association of Illinois

Chittaranjan Patel

Christian Community Health Center

Christopher Kubik MD

Claremont Hanover Park

Clay County Health Department

Coles County Mental Health Association

Community Care Systems Inc

Community Counseling Centers of Chicago

Community Health Improvement Center

Cornell Interventions Inc.

Cornerstone Family Health

Council for Jewish Elderly

County of Peoria - Peoria City/County Health

Department

Crawford Memorial District

Debasree Ghosh

Deborahs Place

Dekalb Clinic

Dept. of Public Health

DuPage County Health Department

Near North Health Service Corporation

Edward H. Segal, DDS, Ltd.

Elite Cardiology Solutions LLC

EGYPTIAN PUBLIC & MENTAL HEALTH

Elene Awad MD PhD

Family Alliance Inc.

Family Doctors Family Practice Center S.C.

Family Guidance Centers Inc.

Family Health Center of Plainfield

Family Service Association of Greater Elgin Area Foley Orthodontics and Dentofacial Orthopedics,

P.C.

Fox Valley Orthodontic Assoc PC

Freeport Regional Health Care Foundation

Friend Family Health Center INC

Garfield Counseling Center, Incorporated

Gary Finkelstein MD Eye Associates SC

Gibson Community Hospital Association

Glenview Terrace Nursing Center

Greg E. Sharon MD

Gynecologic Care w/ Janice Lyon, MD, SC

HCR IV Healthcare, LLC

H and S HEALTH SPECIALISTS

Hamilton Memorial Hospital District

Hartgrove Hospital

Health Consortium of Illinois - Care Coordination Entity

Heart Rhythm Specialists, SC

Heartland Health Outreach Inc.

Heartland Human Care Services Inc.

Housing Opportunities for Women, Inc.

Howard Brown Health Center

Human Resources Center of Edgar and Clark Counties

Human Support Services iCare Health Informatics Inc.

Illini Family Medicine, S.C.

Illinois Allergy and Asthma Specialists

Illinois HIE

Interfaith House, Inc.

Internal Medicine Associates

Jackson County Health Department

Jasper County Health Department Counseling

Jasper County Health Department Nursing

Javier Muniz, DO, LLC

Joliet Oncology & Hematology Associates

John R Brackett

Direct Enabled Orgs. continued



ILHIE Direct continued

JourneyCare Inc.

Kendall County Health Department

Kenneth Young Center

Kevin L Pritchett MD PC

Lee County Health Department

Leyden Family Service and Mental Health Center

Lexington Health Network

Lincolnway Medical Associates PC

Lutheran Social Services of Illinois

Madison County Health Department

Mather Health Care, Inc.

McHenry County Mental Health Board

Meadows Dental Care

Medical Research Analytics and Informatics Alliance St. Anthony Hospital

Medication Management Partners

Med-Peds Associates, P.C.

Memorial Hospital of Carbondale

Mental Health Centers of Central Illinois

Mercy Hospital and Medical Center

Mercy Housing Lakefront Michael G Durbin DDS MS

Mid-Illinois Medical Care Associates

Midwest Sports Medicine and Orthopaedic Surgical

Near North Health Service Corporation

New Age Service

New Foundation Center, Inc.

Nicholas Caro MD LLC

North Central Behavioral Health Systems Inc.

NorthShore University HealthSystem

Northwest Professional OB/GYN

Office of Health Information Technology

Orthodontic Associates Ltd

OsBec Medical of Southern IL

Pablo Hernandez

Peoria City - County Health Department

Peoria Surgical Group Ltd

Pillars Community Services

Precedence Care Coordination Entity

Presbyterian Homes

Primary Care Medical Associates

Protestant Memorial Medical Center

Dr Rachel Winters

Randall E Lawson DDS

Randy Wright DDS MS LLC

Rincon Family Services

Robert Dawe DDS

Rosecrance Inc.

Saint Alexius Medical Center

St Clair County Health Department

St. Joseph Memorial Hospital

Sajjan Nemani, MD

Salem Township Hospital

Sarah Bush Lincoln Health Center

Sebastian Joseph

Scott Stanke DDS

Sertoma Centre, Inc.

Shawnee

Shelby County Community Services

Sinnissippi Centers Inc

Southern Illinois Healthcare

Southern Seven Health Department

Streamwood Behavioral Health

Streamwood Management Services

The Center for Youth and Family Solutions

The Helen Wheeler Center for Community Mental Health

The Mather

The Thresholds

University of Illinois Chicago Division of

Specialized Care for Children

Urology LTD

VNA Health Care

Washington County Hospital

Whitehall of Deerfield Healthcare Center

Whiteside County Health Department

Woodford County Health Department

Yousef Darwish MD PC

Central Illinois HIE Direct

Arthur Home

BMA

CHIC

Christian Homes

Dr. John Warner Hospital

Decatur Memorial Hospital

Easter Seals

Family Medical Supply

Heritage Behavioral Health Center

Heartland Community Health Clinic

HCR Manor Care

Human Service Center

HSHS Saint Mary's Decatur

HSHS Saint Mary's Streator

Heritage of Care

Macon County Public Health Department

Unity Point Methodis

RFMS

NuCare Symphony

HIMSS Study – Physician Practice



A **June 2013** study released by HIMSS Analytics reports that nearly **half** of physician practices **plan** to join an HIE.

Of the 46% physician practices that said they plan to join an HIE:

- 19% preferred a state-run HIE;
- 16% preferred an exchange connected to a hospital or health care system; and
- 11% preferred a regional exchange.



Top Issues and Concerns Facing HIE's



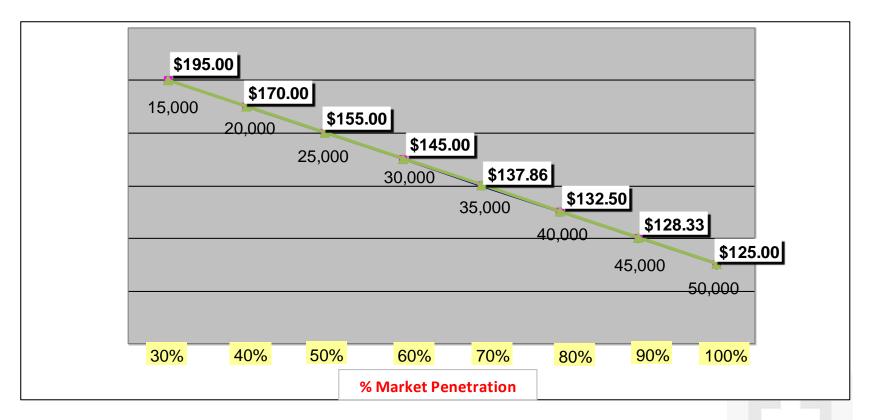
- ✓ The recurring main obstacle to HIEs and RHIOs is long term financial sustainability the lack of a sustainable business model.
- ✓ The lack of mature, agreed standards around interfaces, patient consent and patient identification. Lack of interoperability between various EHR systems.
- ✓ HIE requires collaboration among competitors and the healthcare industry has difficulty with this prospect at this stage.

How is ILHIE addressing these?

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1. Great Pricing Framework



^{*}Fee is per provider per year

<u>Note:</u> The ILHIE fee is calculated by dividing total costs into the total number of connected providers, so as more providers join the ILHIE network, the unit amount of the ILHIE fee decreases.

How is ILHIE Addressing These?



- Great Pricing Framework
- Promoting connectivity and enhancing value of ILHIE



















Agreement Signed with Missouri









How is ILHIE Addressing These?



- 1. Great Pricing Framework
- 2. Promoting connectivity and enhancing value of ILHIE
- 3. Close alliance with largest purchaser: Medicaid



Medicaid RFP: Accountable Care Entities (ACE's)

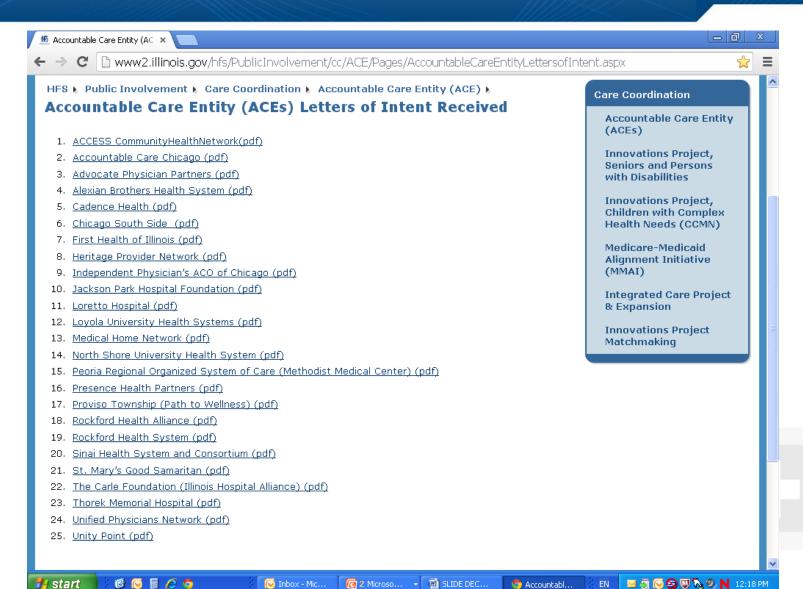




Accountable Care Entity (ACEs) 25 Letters of Intent Received

🎁 start

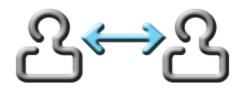




Accountabl...

ACE's connecting to ILHIE





Connection through ILHIE an ACE contract requirement

Organizations using EHR connect bi-directionally

Organizations without EHR connect via Direct



ACE's connecting to ILHIE



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Will ACE's "have" to connect to the ILHIE or will they be able to use other health information exchanges?

Response

Connection to ILHIE can be accomplished either directly or indirectly. Connectivity can occur either via a direct connection and **Data Sharing Agreement** (DSA) between the provider and ILHIE, or through a third party source – such as any other HIE that is: a) connected to ILHIE and b) offers a connection or pathway to ILHIE as a service to its clients or members.

How is ILHIE Addressing These?



- 1. Great Pricing Framework
- 2. Promoting connectivity and enhancing value of ILHIE
- 3. Close alliance with Medicaid
- 4. Connection to Veterans Administration



40% of VA patients receive care at Private Hospitals







- Formal communication going out to 46 Health Systems
- 8 Health Systems in contract negotiations with ILHIE
- 8 Health Systems internally evaluating

How is ILHIE Addressing These?



- 1. Promoting connectivity and enhancing value of ILHIE
- Close alliance with Medicaid
- Connection to Veterans Administration
- 4. Connection to SSA







SSA receives **3.1 million** disability requests annually...
resulting in **15 million** medical records requests
(*These require medical records data*)

- Number of SSA requested queries for IL in 2012 was: 108,000
- Agreement with SSA reimburses ILHIE \$15 per query
- $108,000 \times $15 = $1,650,000$
- More good news:

Quick disability determination increases Illinois hospital revenue

How is ILHIE Addressing Standards?



- We support & promote National Standards
 - IHE profiles (Integrating the Healthcare Enterprise)
 - HL7
 - Standard vocabularies such as: LOINC, SNOMED, ICD, etc.
- We require conformance from our clients
- Regularly participate in meetings and conferences
 - ONC
 - Medicaid Enterprise Systems Conference
 - Stewards of Change
 - New York eHealth Collaborative







Cooperation & Competition



3rd Bullet Point:

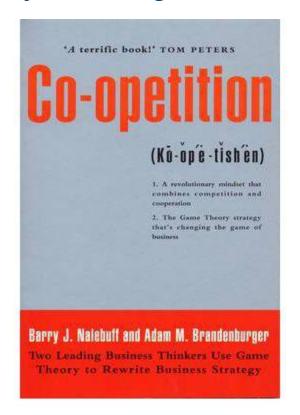
HIE requires collaboration among competitors and the healthcare industry has difficulty with this prospect at this stage.



Co-opetition:



"Co-opetition is a business strategy based on a combination of cooperation and competition, derived from an understanding that business competitors can benefit when they work together".





Co-opetition



Many industries have already embraced it – Healthcare to catch up. Competition based on services provided, not who has data.

A few examples:

- Telecom
- Airlines
- Banking
- Biotech

Cooperation that helps build a larger overall market benefits everyone. **Standards development** is one such form of cooperation.

Additional Reading - Research Sources



- 1. Health information exchange: persistent challenges and new strategies: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2995716/
- 2. Survey: Docs name interoperability, infrastructure barriers to HIE: http://www.clinical-innovation.com/topics/health-information-exchange/survey-docs-name-interoperability-infrastructure-barriers-hie
- 3. HIE Orgs. Concerned Over Sustainability, Survey Reports: http://www.healthcare-informatics.com/news-item/hie-orgs-concerned-over-sustainability-survey-reports
- 4. Barriers to Health Information Exchange Discussed During Day-Long Hearing in Washington: http://www.cio-chime.org/advocacy/AdvocacyCorner_02012013.asp?Print=ON
- 5. Policy Direction Overrides Technology in Setting Stage for HIE: http://www.cisco.com/web/strategy/docs/healthcare/hie.pdf
- 6. NeHC Surveys HIE Learning Network on Consumer Engagement Strategies: http://www.hitechanswers.net/survey-finds-consumer-engagement-top-hie-priority/
- 7. Top 5 roadblocks faced by HIE's (good summary): http://www.govhealthit.com/news/top-5-roadblocks-hies-face
- 8. Coopetion among giants: http://www.management.pamplin.vt.edu/directory/Articles/Gynawali2.pdf

ILHIE Advisory Committee



- Potential 2014 Advisory Committee Topics
- Public Comment
- Adjourn





Next Meeting Scheduled:

February 25, 2014

